

MAR 15 2005

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/719,928
 Applicant : Ammar Al-Ali
 Filed : November 21, 2003
 TC/A.U. : 2863
 Examiner : D.R. Pretlow

Title : **BLOOD PARAMETER
 MEASUREMENT
 SYSTEM**

Docket No. : MLABS.020A
 Customer No. : 20,995

Confirmation No. : 3516

Certificate Of Fax Transmission

I hereby certify that this correspondence and all marked attachments are being transmitted via facsimile to the USPTO Central Fax No. (703) 872-9308 on the date shown below:

March 15, 2005

(Date)

John M. Grover, Reg. No. 42,610

Commissioner for Patents
 United States Patent and Trademark Office
 P.O. Box 1450
 Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE TO OFFICE ACTION DATED NOVEMBER 29, 2004

Sir:

In response to the Office action of November 29, 2004, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 8 of this paper.

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Docket No.: MLABS.020A

March 15, 2005

Page 1 of 2

Please Direct All Correspondence to Customer Number 20995

AMENDMENT / RESPONSE TRANSMITTAL

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John M. Grover, Reg. No. 42,610

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing in the above-identified application are the following enclosures:

(X) an Amendment and Response to Office Action dated November 29, 2004 in 9 pages.

The fee has been calculated as shown below:

FEE CALCULATION				
FEE TYPE		FEE CODE	CALCULATION	TOTAL
Total Claims	20 - 28 = 0	1202 (\$50)	0 x 50 =	\$0
Independent Claims	7 - 4 = 3	1201 (\$200)	3 x 200 =	\$600
Multiple Claim		1203 (\$360)		\$0
1 Month Extension		1251 (\$120)		\$120
			TOTAL FEE DUE	\$720

An extension of time is hereby requested by payment of the appropriate fee indicated above.

Charge \$720 to Deposit Account No. 11-1410.

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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2004

Application or Docket Number

10/719928

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

3-15-05 CLAIMS AS AMENDED - PART II

		(Column 1)		(Column 2)		(Column 3)
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
	Total	* 20	Minus	** 28	=	
	Independent	* 7	Minus	*** 4	=	3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>						

		(Column 1)		(Column 2)		(Column 3)
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
	Total		Minus		=	
	Independent		Minus		=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>						

		(Column 1)		(Column 2)		(Column 3)
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
	Total	*	Minus	**	=	
	Independent	*	Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>						

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐ OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	395.00	OR	BASIC FEE	790.00
x 25		OR	x 50	
x 100		OR	x 200	
+ 180		OR	+ 360	
TOTAL		OR	TOTAL	

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
x 25		OR	x 50	
x 100		OR	x 200	6.00
+ 180		OR	+ 360	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
x 25		OR	x 50	
x 100		OR	x 200	
+ 180		OR	+ 360	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
x 25		OR	x 50	
x 100		OR	x 200	
+ 180		OR	+ 360	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

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